



Third-Party Authorization Form

I, _____, hereby authorize Coast Professional Inc. to release and/or discuss information regarding my account to the following third party:

Authorized Party Name: _____

Relationship to Client: _____

Scope of Authorization

Please check all that apply:

- Full account details
- Payment arrangements
- Balance information
- Other (specify): _____

Acknowledgment

I understand that by signing this form, I am granting Coast Professional Inc. permission to share my account information with the above-named party. I acknowledge that I may revoke this authorization at any time by providing written notice.

Borrower Signature: _____ **Date:** _____